

Complete and submit this form when information about your practice changes. If any of these changes result in a change to your W-9, please attach a new W-9 to this form. If submitting multiple records, complete Section I and attach roster. Use the *Provider Termination Form* to terminate a provider and re-assign members or to close a practice or practice site.

Section I. Person Completing this Form					
Name		Phone No.		Email Address	
Signature X			Date Signed (MM/DD/YYYY)		
Section II. Provider Information					
Provider Full Name		Name of Practice		Provider/Practice TIN No.	Provider NPI No.
Type of Practice <input type="checkbox"/> Individual <input type="checkbox"/> Group	Phone No.	Fax No.	Email Address		
Section III. Type of Change. Please check (✓) all that apply.					
<input type="checkbox"/> TIN and/or NPI No. Change			Effective Date (MM/DD/YYYY)		
Previous TIN	Previous NPI No.	New TIN		New NPI No.	
<input type="checkbox"/> ADD Additional Address for TIN			Effective Date (MM/DD/YYYY)		
Address		City		State	Zip
<input type="checkbox"/> Address Change			Effective Date (MM/DD/YYYY)		
Previous Address			New Address		
<input type="checkbox"/> Phone and/or Fax No. Change			Effective Date (MM/DD/YYYY)		
Previous Phone No.	Previous Fax No.	New Phone No.		New Fax No.	
<input type="checkbox"/> Billing Address Change			Effective Date (MM/DD/YYYY)		
Previous Billing Address			New Billing Address		
<input type="checkbox"/> Provider Name Change			Effective Date (MM/DD/YYYY)		
Previous Name			New Name		
<input type="checkbox"/> Practice Name Change			Effective Date (MM/DD/YYYY)		
Previous Practice Name			New Practice Name		
<input type="checkbox"/> Practice closed to new patients			Effective Date (MM/DD/YYYY)		
<input type="checkbox"/> Practice re-opened to new patients			Effective Date (MM/DD/YYYY)		
Mail Fax Email			Internal Use Only		
QualChoice Attn: Provider Services P.O. Box 25610 Little Rock, AR 72221 F: 501.707.6811 E: PR@QualChoice.com			<input type="checkbox"/> Date rec'd by PR _____ <input type="checkbox"/> Credentialing Required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Date rec'd by Prov Data Team _____ <input type="checkbox"/> Date QA Completed _____		Initials _____ Initials _____ Initials _____ Initials _____